

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>Boyle/Chay</i>	<i>SP/1</i>	<i>01/17/01</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>CH</i>	<i>1020</i>	<i>06-04-0</i>
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	<i>CH</i>	<i>571</i>	<i>1/18/01</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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